

U.S. DEPARTMENT OF ENERGY
2006 Oklahoma Regional Science Bowl
Student Confidential Medical Information and Emergency Notification Form

Name: _____ Birth Date: _____ Sex: (Check) M F
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ SSN: _____
Physician/HMO Name: _____ Phone: _____
Date of Last Tetanus Shot: _____
Drug Allergies: (Check) None List Below

Medical Conditions or Previous Surgery: (Check) None List Below

Regular Medications: (Check) None List Below

Special Dietary Requirements (include food allergies): (Check) None List Below

Special Physical and/or Transportation Needs: (Check) None List Below

Vegetarian: (Check) Yes No

FAMILY INFORMATION

Father's Name: _____	Work Phone: _____
Mother's Name: _____	Work Phone: _____
Legal Guardian (if applicable) _____	Work Phone: _____
Emergency Contact (Required) _____	Work Phone: _____
Relationship to Student: _____	
Medical/Hospital Insurance Carrier: _____	Policy # _____

CONSENT TO MEDICAL CARE AND TREATMENT

(Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.)

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

Signature of Parent or Legal Guardian

Date

MUST SIGN IN BLUE INK
NO FAX COPIES